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adhesions which constitute one of the greatest barriers to the patient's recovery. To guard against these, the nurses should make a practice of carrying out passive movements on all joints of the affected side, for fifteen minutes, three times daily.

Post-operative care of trigeminal neuralgia cases is the same as in any other brain operation, with the exception that the eye on the affected side is covered with a shield for two weeks. We use the simple vaccination shield for this purpose and find it quite satisfactory. This can be removed and the eye carefully washed with boric acid.

Drugs Given: One has to be extremely careful in the administration of morphine, especially either following or preceding operations on the cerebellum, tumors in the pontine angle or high cervical cord, on account of possible interference with or depression of the respiratory centre. Atropin should always be given with morphine, if necessary to use even a very small dose. Urotropin is given as a routine measure. Catheterization is not often necessary after the first day or two. A cathartic is given about the third day, and the patient is put on soft diet, if there is no elevation of temperature. Light diet may be resumed two days later, and the patient is allowed to sit up in bed by the end of the first week. The wound is dressed and sutures removed, on the sixth or seventh day.

STATE EXAMINATIONS¹

BY GRACE H. CAMERON, R.N.

To most of us examinations have always meant a mental and nervous strain, which often reached such proportions that the effort to think connectedly was a lost hope. The students of to-day experience that same feeling of helpless despair. Why is this a fearful thing? College students are nervous over examinations, but in a different way—they seem to fear they may not do their absolute best, rather than fear failure. Why is there, speaking in general terms, this difference?

It would seem that in nursing work, in three years' time, with daily practical application of all studies, with a routine that has become almost mechanical, there would be less dread than in any other profession or trade.

We all know that nurse training schools have advanced in every way with a wonderful rapidity. The training of twenty years ago cannot in one little item be compared to the teaching of to-day, and

¹ Read at a meeting of the Rochester League of Nursing Education.

yet our teaching must fall short if we do not make the pupils see the work as an important life work, and consequently of such intense interest that she knows her theory and methods, and *knows* that she knows them.

A cook, for example, who has cooked for three years, knows she can have a successful baking. Why may not a nurse be as confident of her practical work? Why can she not wash a patient's face with perfect assurance, and with comfort to the patient? Or make a bed,—a plain, ordinary, every-day bed; or gather together the articles necessary for a baby's bath; or know which is the stronger solution—one-twentieth or a ten per cent.; or be able to give $\frac{1}{25}$ of a grain of strychnine sulphate, for instance, when the tablets she has are $\frac{1}{60}$ th of a grain; or know how to get a patient out of bed into a chair? These are simple procedures for any hospital student to demonstrate, and they are a type of the questions asked in the practical examinations of the State. And yet, there is positively no exaggeration in saying that only one in five has everything ready for a face bath.

By actual time, a pupil in the examining room took a full half-hour to make an ordinary hospital bed; another one, twenty minutes; almost never is it completed under ten minutes. The candidate is so nervous that any effort to make her hurry would result in complete failure. Always three or four articles are missing in any collection asked for.

On one examination, the candidates were asked to arrange in order of their strength, six bottles marked $\frac{1}{1000}$, 3%, 2%, 5%, $\frac{1}{20}$; and "normal saline." Out of thirty who were given this question, there were but four correct answers! The bottles marked 5% and $\frac{1}{20}$ were placed, usually, as far from one another as possible, and "normal saline" was set in any place, or not used at all "because it has no percentage." In the tablet question named above, only two of the thirty questioned commenced the problem by using three tablets of the gr. $\frac{1}{60}$, and one girl said it was not possible to give a twenty-fifth of a grain if the only tablets one had were gr. $\frac{1}{60}$. The examiner was always careful to state, in the question, that there was a *box full* of tablets.

That pupils are not conversant with the nursing problems of the day, is painfully disclosed at every examination. It is almost impossible to select a subject of nursing interest, or otherwise, and obtain intelligent answers. This was noticeably true at the time of the Red Cross drive. Many nurses, coming up for a state certificate, said they knew nothing of Red Cross work.

A question asked about the *American Journal of Nursing*, brought forth only blank looks, and the statement that nothing was known

about such a magazine. Possibly a half dozen knew where it was published and who edited it,—and this is the official nursing magazine! One candidate said that all she knew about it was that it had a green cover.

It would seem that nurses should be conversant with topics of current interest in the nursing world, and should learn to discuss them and express an intelligent opinion. Can you believe that one candidate stated, in a 1919 examination, that she had never heard of Jane A. Delano? And hardly one could tell more than the bare fact that she had something to do with Red Cross work. A few said she had recently died.

We feel very strongly that it is desirable to have some such questions for their stimulating effect, and to enable the examiner to judge of the personality, appearance and general intelligence of the pupil. But we cannot justly “fail” a candidate on these questions, for, after all, we are passing on her practical work and not on whether she knows anything of the Lewis-Raker bill, or the advisability of training attendants, however desirable it may be for her to obtain information on those points.

Pupils do not think rapidly in either the oral or written examinations. They do not intelligently read or hear the question. There is a lack of comprehension. Oftentimes the answers show that the pupil does not know English. The following answers, collected from recent examination papers, will show this lack of thought, carelessness on reading, and a misunderstanding of the meaning of the question. A general criticism of our pupils is that they are inarticulate. Answers are given that consist of a lot of words which the pupils have remembered, but which do not make good sense, as the following two answers illustrate:

1. “The object and advantages of incubation is that the child is not properly developed and a premature child usually is in the seventh month. Therefore to keep the life there the child is kept in an incubator until it is fully developed and also has more strength.”

2. “A chemical antidote is one that acts on another agent which has been used on an object or substance in the proper manner for which it has been administered.”

An analysis of the failures in Dietetics suggests that the pupils do not have enough of the underlying science of chemistry to have an intelligent idea of the subject. For example, a question which called for elements was answered by giving compounds. Another question which called for enzymes was answered by giving digestive fluids.

3. Define Pasteurized Milk. Ans. Pasteurized milk is milk obtained from a herd of cows turned out to pasture.

4. What is the diet for a child with rickets? Ans. Give child plenty of water, as it contains a high percentage of mineral matter.

5. Give a recipe for oatmeal gruel. Ans. Dissolve the required amount of oatmeal in a sufficient quantity of water and cook for the proper length of time. Then strain and dilute with milk if necessary. (A very clever answer, but indefinite.)

6. How is junket made? Ans. Dissolve a rennet tablet in a pail of milk. Then boil and set on ice until it junks. (This is a good example of the failure on the part of the nurse to understand the chemical action of rennet; also to think.)

7. Name two systems of weights and measures. Ans. Adipose and troy; metric and polemonic. "Apothecaries" was spelled in a hundred different ways.

8. An antidote is a drug which produces sleep.

9. An anesthetic is a drug that has two meanings.

10. Bushels and pecks are given as liquid measure.

11. Lime; epsom salts; phosphorus; proteids; carbohydrates and fats; roots, seeds and leaves, have all been given as animal products used in medicine.

12. In obstetric nursing are found really absurd answers. The placenta is anything from "a hollow, muscular organ" to "a solid body of tissue, bloodvessels and nerves." We are told that "infection is due to poor sepsis."

13. Vivisection is given as a major obstetrical operation and "sycerian insection" is another. Some children are troubled with "depression of urine." One of the disorders of early infancy was death.

14. Flabitis; optopic destation and inchephalatrypey are given as disorders of pregnancy.

These are but a few of the answers that show carelessness, lack of thought, lack of education, poor training, and ignorance. Where lies the trouble? In the hospital? Not enough nurses? Too long hours? Is it the instructor? Is she too busy? Is it because she has no definite plan; no clear outline of work? Is the trouble altogether with the pupil?—that she has no ideal, no reverence, no respect? For these three deficiencies, taken together, show a complete misunderstanding of the meaning of service in its highest sense.

We must all realize that to-day the nurse training school is an educational institution. We must plan to give more time to instruction, and leave much of the work now being done by the student nurse to others who are not in training. We must have more pupils. If the work is less arduous from a physical standpoint, the young women will be attracted to this splendid profession.

We must have the eight-hour day or an equivalent,—that is, shorter hours of physical labor. The pupils must have time for study, time for proper recreation and rest. We must have competent instructors who can inspire the pupil to work, and who have real knowledge to impart. They must have an adequate equipment and time for arranging work, so that interest may be aroused. There must be, too, a comfortable, home-like place in which to live and where the pupil may find amusement, rest, and restoration of fagged mental and physical powers. Thus we shall give our pupils a training that will show them the high ideals of service. We shall send out women with vision, who can see the great things ahead, who are unafraid, and competent to plan for the future.

SOUPS FOR THE SICK

BY ALICE URQUHART FEWELL

Philadelphia, Pa.

Soup is an important form of food for the sick, and one of our chief stand-bys in administering a liquid and convalescent diet. Soups are of two kinds, those made from an infusion of meat flavored with various condiments, and those made from milk flavored with vegetables and cereals.

Meat soups for the sick are made from beef, mutton, and chicken. Oysters and clams are frequently used for this purpose, and make a delicate and easily digested broth. Beef, mutton, and chicken broths are made from meat and bone cooked in water in such a manner that the largest possible amount of nutriment is extracted. The meat should be cut in small pieces so that a large surface is exposed, and should be soaked in the cold water before heating. One pint of cold water to one pound of meat is a good proportion for broths. The proportion between meat and bone should be about two-thirds meat to one-third of bone and fat mixed. From the lean meat is extracted the soluble juices, extractives, and salts; from the bone, gelatin and mineral matter. Part of the fat is absorbed by the broth during the cooking process, and the remainder is removed when the soup is cold.

The cooking must be a long, slow process, and the broth should simmer gently but never boil. All broth should be cooked for four or five hours. When removed from the fire it must be strained, cooled quickly, and then allowed to stand until of a jelly-like consistency, when the hard cake of fat on top is easily removed. Reheat the soup in a double boiler and strain through cheese cloth before serving.